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INDICATION FORM**

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| Application Number | 09/842,283 |
| Filing Date | 04/24/2001 |
| First Named Inventor | Robert W. Schrier |
| Title | Providing Patient-Specific Drug Information |
| Art Unit | 2162 |
| Examiner Name | |
| Attorney Docket Number | CRNI.86595 |

I hereby revoke all previous powers of attorney given in the above-identified application.

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|----------------|
| Signature | | Date | April 29, 2005 |
| Name | Randy Sims | Telephone | 816-201-2556 |
| Title and Company | Vice President, Cerner Innovation, Inc. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.

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